

Aspirin in Prevention of Cancer

The ICPV Brighton Conference in September 2012 started with a presentation from Dr Alistair Ring, Brighton & Sussex Medical School on the recent developments involving the use of aspirin in cancer treatments.

There have been numerous tabloid headlines extolling the virtues of aspirin as a cure or preventative for a variety of ills. Some items are based on fact, some very anecdotal, but all require further research.

Aspirin has been with us for many years, but it is only in recently that we have begun to fully understand its properties and its potential use in disease prevention.

Over the last few years there have been a number of studies looking at its effectiveness for cancer treatment, and from this work it appears that its most beneficial effect is going to be in secondary prevention. The Nurses Health Study gave some very positive results, and the data was striking enough to warrant more research using specific doses and randomised controlled trials in order to validate the data.

Dr Ring is about to start the *"Add Aspirin Trial"* which will be carried out in the UK and India. The trial will include four different arms – colorectal, breast, upper GI and prostate. All patients will have undergone primary treatment for early stage disease. Dosage for aspirin is a difficult issue as too small a dose may have no effect and too large may have side effects. The *"Add Aspirin Trial"* will split the patients into three – placebo, 100mg and 300mg for 5 years with active follow-up. The trial will recruit 10,000 patients across the tumour sites and will aim for a 4-5% improvement. *(For further information see Dr Ring's presentation above)*

An interesting aspect of this trial is drug cost. Although the generic drug is low cost and available worldwide it will be expensive to manufacture a placebo drug to look and taste exactly like aspirin. If successful this trial could have a global impact on cancer outcomes giving access to treatment to patients in countries where many newer drugs are limited.

There is however lots more work to be done and although some of the initial data is good this is not the time for all cancer patients to start taking aspirin. Dr Ring does not routinely prescribe aspirin to patients unless it is required for another condition.

Aspirin has been around for over 100 years and it is very good to see that researchers in the 21st century are looking to the past for new treatment.

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